



Spina Bifida of Greater New Orleans

Serving all of Louisiana
Post Office Box 1346, Kenner, Louisiana 70063
Email: sbgno@sbgno.org
Web site: www.sbgno.org
504 737 5181

2011 Volunteer Camp Counselor Application

Counselor Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Sex _____ Age _____

School _____ Email _____

T Shirt Size: _____ Cell Phone # (_____) _____ - _____

Reference Name _____ Reference Phone _____

It is my desire to participate as a volunteer camp counselor for Spina Bifida of Greater New Orleans (SBGNO) summer camp. In consideration of my selection as a counselor and the camp specifically including, but not limited to, the community service afforded by the availability of the camp program to children with disabilities, I agree to indemnify and hold harmless SBGNO from and against any and all injury as a volunteer camp counselor, while traveling to and from camp and during the camp day in transportation vehicles provided by SBGNO.

Date _____

Volunteer Camp Counselor Signature

Parent/Guardian, if Volunteer is under 18 years of age

Emergency Information:

Emergency Contact _____ Phone Number _____

Physician's Name _____ Physician's Phone # _____

"SBGNO is a NON PROFIT ORGANIZATION"